

Foster Family Home - Corrective Action Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-1

1542 Iao Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 12/19/2019

Foster Family Home


Required Certificate

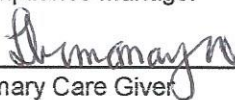
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date